

New Mexico Department of Transportation  
AGREEMENT REQUEST FORM (ARF)

Control No. \_\_\_\_\_

New Agreement \_\_\_\_\_

Amendment \_\_\_\_\_

Tribal/Local Public Agency (T/LPA) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

T/LPA DUNS Number: \_\_\_\_\_

Who Executes agreement at T/LPA (Mayor, Governor, Chairman): \_\_\_\_\_

Termini/ Project Description will be pulled directly from STIP database.

STIP YEAR (Design) \_\_\_\_\_

PROPOSED WORK /PHASE (PER STIP)

FUNDING SOURCE	DESIGN	RIGHT OF WAY	UTILITY
Federal Funds	\$	\$	\$
State Funds	\$	\$	\$
Local Match	\$	\$	\$
Soft Match	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL AMOUNT OF DESIGN AGREEMENT</b>			

Anticipated Begin Date \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

What month will this project be ready to authorize Federal Funds? \_\_\_\_\_

You must also submit a estimated graphical project timeline (e.g., Microsoft Project, Primavera, Critical Path or Gantt chart) that provides the projected completion dates for applicable certifications for construction, right of way and design phases.

Additional Information: \_\_\_\_\_

T/LPA Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Region T/LPA Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

District T/LPA Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

CLE T/LPA Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing this Agreement Request Form, representatives are certifying the Project End Date for the requested project is true and accurate based on project scope. The Project End Date will be entered into FMIS as mandated per 2 CFR 200.309.

A project agreement **WILL NOT** be processed until this ARF is received and has all signatures.

T/LPA must submit completed Agreement Request Form and estimated project timeline to your T/LPA Region Coordinator for review.

New Mexico Department of Transportation  
AGREEMENT REQUEST FORM (ARF)

Control No. \_\_\_\_\_

New Agreement \_\_\_\_\_

Amendment \_\_\_\_\_

Tribal/Local Public Agency (T/LPA) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

T/LPA DUNS Number: \_\_\_\_\_

Who Executes agreement at T/LPA (Mayor, Governor, Chairman): \_\_\_\_\_

Termini/ Project Description will be pulled directly from STIP database.

STIP YEAR (Const.) \_\_\_\_\_ PROPOSED WORK /PHASE (PER STIP)

FUNDING SOURCE	CONSTRUCTION	CONSTRUCTION MANAGEMENT
Federal Funds	\$ _____	\$ _____
State Funds	\$ _____	\$ _____
Local Match	\$ _____	\$ _____
Soft Match	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL AMOUNT OF CONSTRUCTION AGREEMENT</b>		

Anticipated Begin Date \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

What month will this project be ready to authorize Federal Funds? \_\_\_\_\_

You must also submit a estimated graphical project timeline (e.g., Microsoft Project, Primavera, Critical Path or Gantt chart) that provides the projected completion dates for applicable certifications for construction, right of way and design phases.

Additional Information: \_\_\_\_\_

T/LPA Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Region T/LPA Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

District T/LPA Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

CLE T/LPA Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this Agreement Request Form, representatives are certifying the Project End Date for the requested project is true and accurate based on project scope. The Project End Date will be entered into FMIS as mandated per 2 CFR 200.309.

A project agreement **WILL NOT** be processed until this ARF is received and has all signatures.

T/LPA must submit completed Agreement Request Form and estimated project timeline to your T/LPA Region Coordinator for review.